

APPLICATION
BUSINESS PLAN COMPETITION

Business Name _____ How did you learn of this program? _____

Street Address _____ City _____

State _____ Zip Code _____ Federal Tax ID # (if incorporated) _____

Type of Business _____ Date Started _____ Today's Date _____

Legal Structure (check one)

☐ C Corporation

☐ S Corporation

☐ Nonprofit Corporation

☐ Legal Partnership

☐ Sole Proprietorship

☐ Limited Liability Corporation

Contact Person _____ Business Phone () _____

Home Phone () _____ E-Mail _____

Number of employees now _____ How many jobs will this plan create? _____

Briefly describe the business for which you are submitting this application: _____

BUSINESS INFORMATION:

Use of Funds *Total uses should equal total sources.* **Sources of Funds** *Total sources should equal total uses.*

Land and/or Building Purchases \$ _____
\$ _____

Competition Award

New Building Construction \$ _____

Building Improvements \$ _____

Owner's Investment \$ _____

Machinery and Equipment \$ _____

Inventory \$ _____

Other Funding Sources \$ _____

Working Capital \$ _____

Specify _____

Other _____ \$ _____

Other _____ \$ _____

Total Uses \$ _____

Total Sources \$ _____

CERTIFICATION AND ACKNOWLEDGMENTS:

Please read the following and complete the information below.

The undersigned hereby certifies that the information contained in this application and related materials are true and correct. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status or age.

ATTENDANCE AT BUSINESS SEMINAR

Attendance at small business seminars sponsored by the Small Business Technology Development Center or Pitt Community College Small Business Center are encouraged and may be used to help meet business related experience requirements for this grant program. Please list any seminars recently attended.

Name and sponsor of seminar: _____

Date/s of seminar: _____

RELEASE: The undersigned acknowledges that the City of Greenville is authorized to make all inquiries deemed necessary to verify the accuracy of this statement and to determine the creditworthiness of the applicant/s. Although certain information deemed to be a "trade secret" under the North Carolina General Statutes is privileged, this application and all supporting documentation shall be considered as public record.

Each individual owner of 20% or more of this business must sign below and fill in the other information requested.

Name (print) _____ Name (print) _____ Name (print) _____

Address _____ Address _____ Address _____

SSN or TIN ____ / ____ / ____ SSN or TIN ____ / ____ / ____ SSN or TIN ____ / ____ / ____

Date of Birth _____ Date of Birth _____ Date of Birth _____

% Ownership _____ % Ownership _____ % Ownership _____

Title/Function _____ Title/Function _____ Title/Function _____

Signature _____ Signature _____ Signature _____

Date _____ Date _____ Date _____